

**North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities
and Substance Abuse Services**

**Complaints and Concerns,
Information and Referrals,
Investigations
and Medicaid Appeals**

By

The Customer Service and Community Rights Team

Advocacy and Customer Service Section

July to September 2004



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GLOSSARY

AP/LME	Area Program/Local Management Entity
CAP-MR/ DD	Community Alternatives Program for Persons with Mental Retardation/ Developmental Disabilities
CSCR	Customer Service and Community Rights Team
DHHS	Department of Health and Human Services
DMH/DD/SAS	Division of Mental Health, Developmental Disabilities and Substance Abuse Services
LME	Local Management Entity
OAH	Office of Administrative Hearings
TBI	Traumatic Brain Injury

Customer Service Terminology

The following terms are used in this report:

1) “Case” refers to an individual issue brought to the attention of staff members. There are 4 types of cases:

- A. “Complaints/Concerns” are informal expressions of dissatisfaction.
- B. “Information/Referrals” are either direct requests for information or requests regarding an agency, group, person or service.
- C. “Medicaid Appeals” refer to Medicaid recipients filing appeals to DMH/DD/SAS, in accordance with Federal Law (42CFR 431. Sub-Part E) and DMH/DD/SAS policy.
- D. “Investigations” are formal inquiries into allegations of a violation of a law, rule or policy in a community setting.

- 2) “Contacts” are the responses by CSCR team members to any call or communication.
- 3) “Issues” are the content categories of Complaints/Concerns or Information/Referrals.

EXECUTIVE SUMMARY

- The CSCR Team responded to 366 Complaints/Concerns, Information/Referrals, Medicaid Appeals and Investigation requests during this report period (page 7).
- There was a 39% increase in the total number of cases during the last 3 months from previous report periods (page 9).
- There has been a corresponding increase (38%) in the number of staff responses to cases during the last 3 months from the previous report periods (page 12).
- The average number of responses from the CSCR Team to address a Complaint/Concern and Information/Referral case is 5 follow-up activities. The average for Medicaid Appeals is 4 follow-up activities (page 12).
- The most common sources of Information/Referrals, Complaints/Concerns, and Investigations continue to come from family members, consumers and guardians (page 13).
- Access to services remained the most prevalent concern and was more than twice the volume as quality of care, the next highest category (page 15).
- Cases involving mental health issues continue to be the most prevalent received and were twice as common as developmental disabilities issues, the next most prevalent number of cases. The third most prevalent number of cases involved substance abuse issues, which were half the number represented by developmental disabilities issues (page 17).
- A slightly higher percentage of cases concerned male consumers (45%) than female consumers (40%). Fifteen percent of the cases were not applicable to a specific consumer (page 18).
- Complaints/Concerns, Information/Referrals and Investigation requests were filed by individuals from all geographic regions in North Carolina. The average number of cases per AP/LME was almost 9 cases (3% of the total) (page 20).
- DMH/DD/SAS staff members were the referral source for the majority of Investigations, based upon information provided to them from a variety of sources such as complaints, allegations, audits and consultations (page 23).
- The most prevalent number of Investigations involved consumers with developmental disabilities. Investigations involving consumers with mental health issues were half the number of developmental disabilities related investigations (page 24).

- Allegations of consumer rights violations are the most prevalent issues for Investigations and were more than twice the volume as quality of services, the next highest category (page 25).
- The CSCR Team received 35 requests to file Medicaid Appeals during this report period. Only seven (7 or 20%) of the appeals involved CAP-MR/DD Waiver issues compared to 100% in the previous report period (page 26).
- Medicaid Appeals were filed by recipients residing in 13 AP/LMEs (page 28).
- The majority (52%) of AP/LME local review decisions were overturned in favor of the appellants (page 29).
- Out of 35 appeals filed, only 4 (11%) were scheduled as a DMH/DD/SAS hearing (page 31). Only 1 recipient out of 35 (3%) chose to by-pass the AP/LME local review process for a Medicaid Appeal hearing at DMH/DD/SAS (Page 26).
- Thirty of the 35 (86%) hearing requests were withdrawn following the request of DMH/DD/SAS appeal (page 32).
- Only 2 (6%) of the DMH/DD/SAS scheduled hearings involved CAP-MR/DD services (page 32).
- The Office of the Attorney General reports 34 Medicaid appeals were under review by the Office of Administrative Hearing (OAH) during the report period. Six (6) new cases were filed, and nine (9) cases were closed. CAP-MR/DD issues represented about 38% of the OAH petitions (page 33).

Introduction

The following quarterly report is a statistical summary describing the work of the Customer Service and Community Rights Team (CSCR), Advocacy and Customer Service Section, Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS). The report covers the first quarter of the 2004/2005 fiscal year which includes the months of July, August and September 2004.

The Customer Service and Community Rights Team

The team consists of a team leader, a support staff person, and five professional staff, each with a Master's degree in a clinically related field. The team has three key responsibilities:

- To ensure the rights protection of consumers being served in the community,
- To provide a first-response system for customer inquiries, complaints and concerns, and Medicaid appeals (42CFR 431. Sub-Part E) and
- To monitor the community customer services system.

There are two main parts to this report: Part I of the report will look at Information/Referral data, Complaint/Concern data and Investigations. Part II will review Medicaid Appeal information.

The team receives calls, letters and emails each day from a variety of direct and indirect sources. Direct sources include the following: consumers, families, guardians, friends and advocacy groups. Indirect referral sources include the DMH/DD/SAS website, Department of Health and Human Services (DHHS) Office of Citizen Services Care-Line, other DMH/DD/SAS sections and AP/LME staff. The team members typically respond by 1) providing information to the inquiring party, 2) referring the party to an appropriate agency and contact person, usually the AP/LME or 3) researching the answer and providing further direct assistance.

Each CSCR team member responds to all calls the same or next possible business day. Team members continue to communicate with all parties until the issue is resolved or the appropriate agency is providing assistance.

All cases addressed by the CSCR Team are tracked in Access software and analyzed periodically for special requests and scheduled reports.

We hope the information in this report provides a useful overview of data relating to Complaints and Concerns, Information and Referrals, Investigations and Medicaid Appeals received by this Team. We welcome any input as to how this report might be improved and/or made more relevant and useful to you.¹

¹ Please contact Glenda Stokes (glenda.stokes@ncmail.net) or Stuart Berde (stuart.berde@ncmail.net) with any suggestions or questions. Staff members and Advocacy and Customer Services Section Chief, Chris Phillips, may be reached at (919) 715-3197 or toll-free at 1-800-662-7030.

Part I: Complaints/Concerns, Information/Referrals, Investigations and Medicaid Appeals

Part I describes the four types of cases (Complaints/Concerns, Information/Referrals, Investigations and Medicaid Appeals) addressed by the Customer Service and Community Rights Team. Part I is divided into four sections. Section A provides information about the volume of all cases (Complaints/Concerns, Information/Referrals, Investigations and Medicaid Appeals) and Section B is a detailed description of the Complaints/Concerns, Information/Referrals and Investigations. Section C tracks the location of the Complaints/Concern and Information/Referral cases, and Section D provides information about the Client Rights Investigations.

Section A- Volume of cases (Complaints/Concerns, Information/Referral, Investigations and Medicaid Appeals)

Table 1 – Total Cases Addressed Between July and September 2004

Case Type	Number of Cases	% of Total
Complaints/Concerns	157	42%
Information/Referrals	153	42%
Medicaid Appeals	35	10%
Investigations/Allegations	21	6%
Total	366	100%

Table 1 lists the total number of cases and the types of cases that team members addressed from July to September 2004. Customers make issues known to the team through direct calls, e-mails or letters. Although some cases are open over the course of several months due to the complexity of the issues, the "**Total**" represents the unduplicated count of cases for the three-month period. The volume of Complaints/Concerns and Information/Referrals is evenly split with 42% being Complaint/Concern and 42% being Information/Referral contacts. Team members also addressed 35 Medicaid Appeals requests (10%) and 21 Rights Investigations/Allegations (6%) between July to September 2004.

Table 2- Historical Case Comparisons Between January and June 2004 and July to September 2004

Case Type	January to June Cases (6 months)	Expected Number of Cases for 3-months period	July to September Cases (3 months)
Complaints/Concerns	192	96	157
Information/Referrals	184	92	153
Medicaid Appeals	88	44	35
Investigations/Allegations	31	15.5	21
Total	495	248.5	366

Figure 1- Historical Case Comparisons Between January to June and July to September 2004

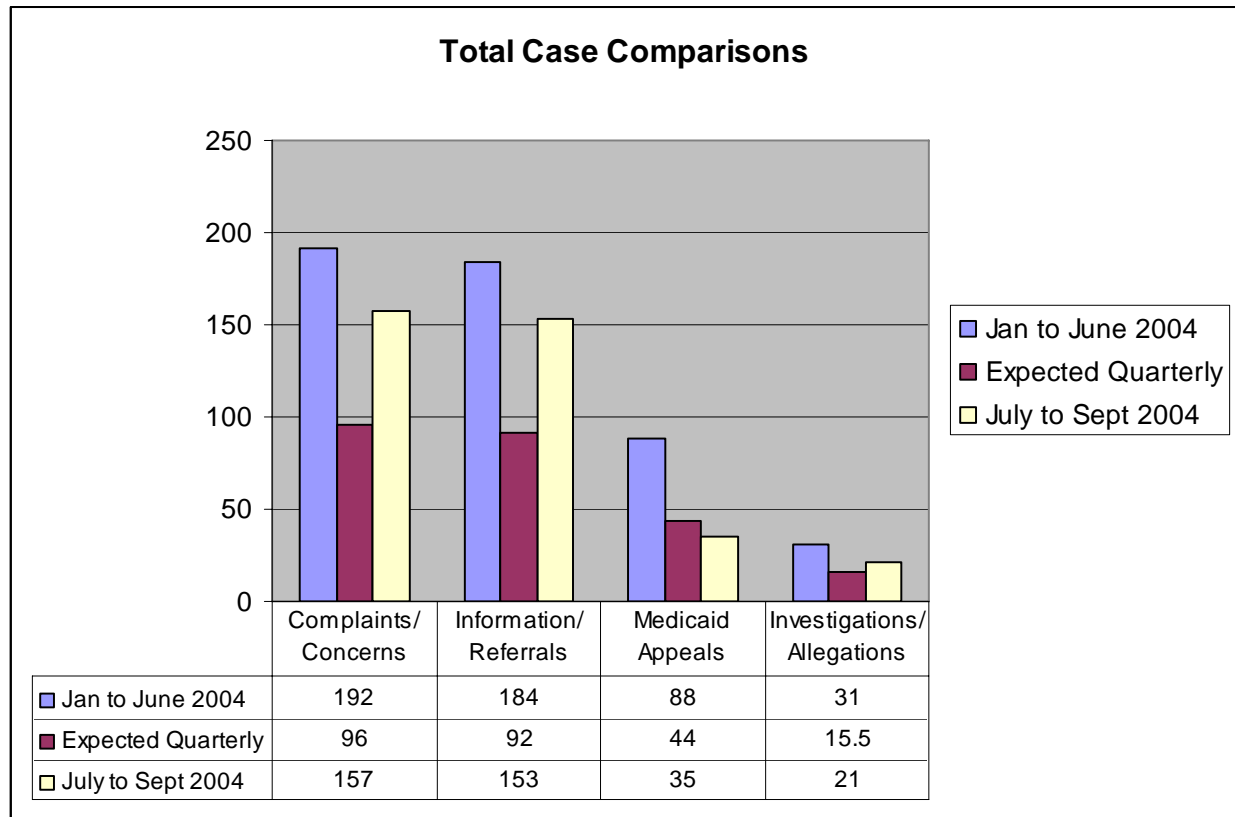


Table 2 and Figure 1 list the total number of cases and the types of cases that team members addressed between January to June and July to September 2004. During the 6-month period of January to June, 495 cases were addressed. Based on the data from the 6-month period, the expected number of cases addressed during a 3-month period would be 248.5, which is half of the six-month total. The actual number of cases addressed during the 3-month period from July to September was 366.

Table 3- Customer Service And Community Rights Average Monthly New Cases

Time Period	Average Monthly New Caseload
October to December 2003	74 per month
January to June 2004	82 per month
July to September 2004	122 per month

Figure 2

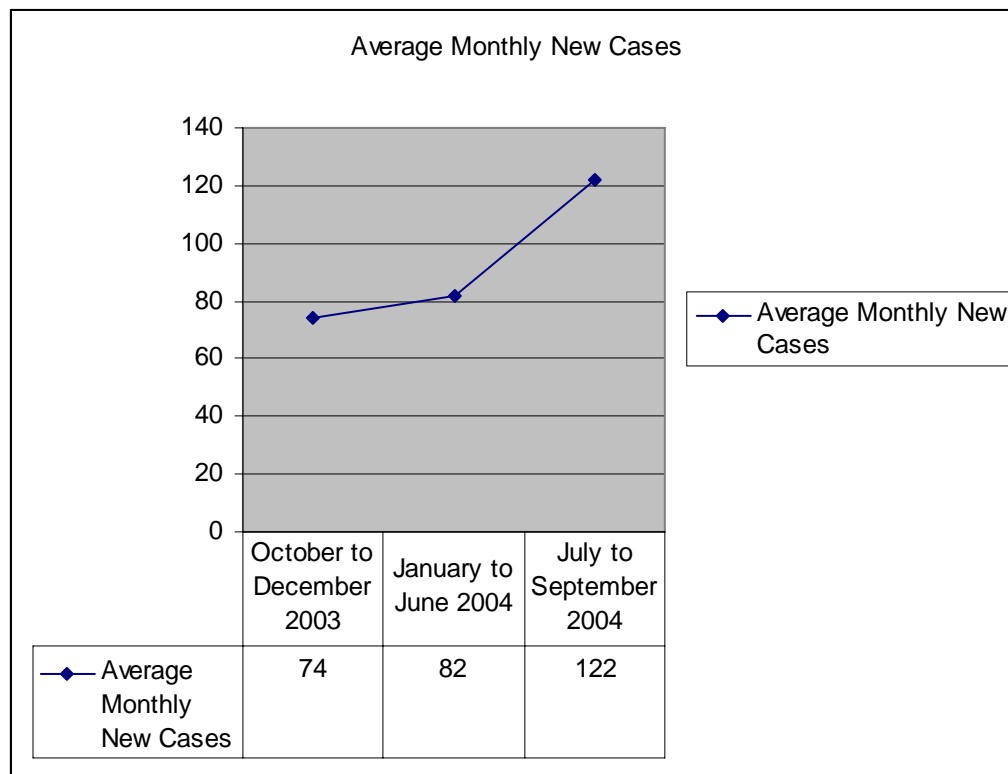
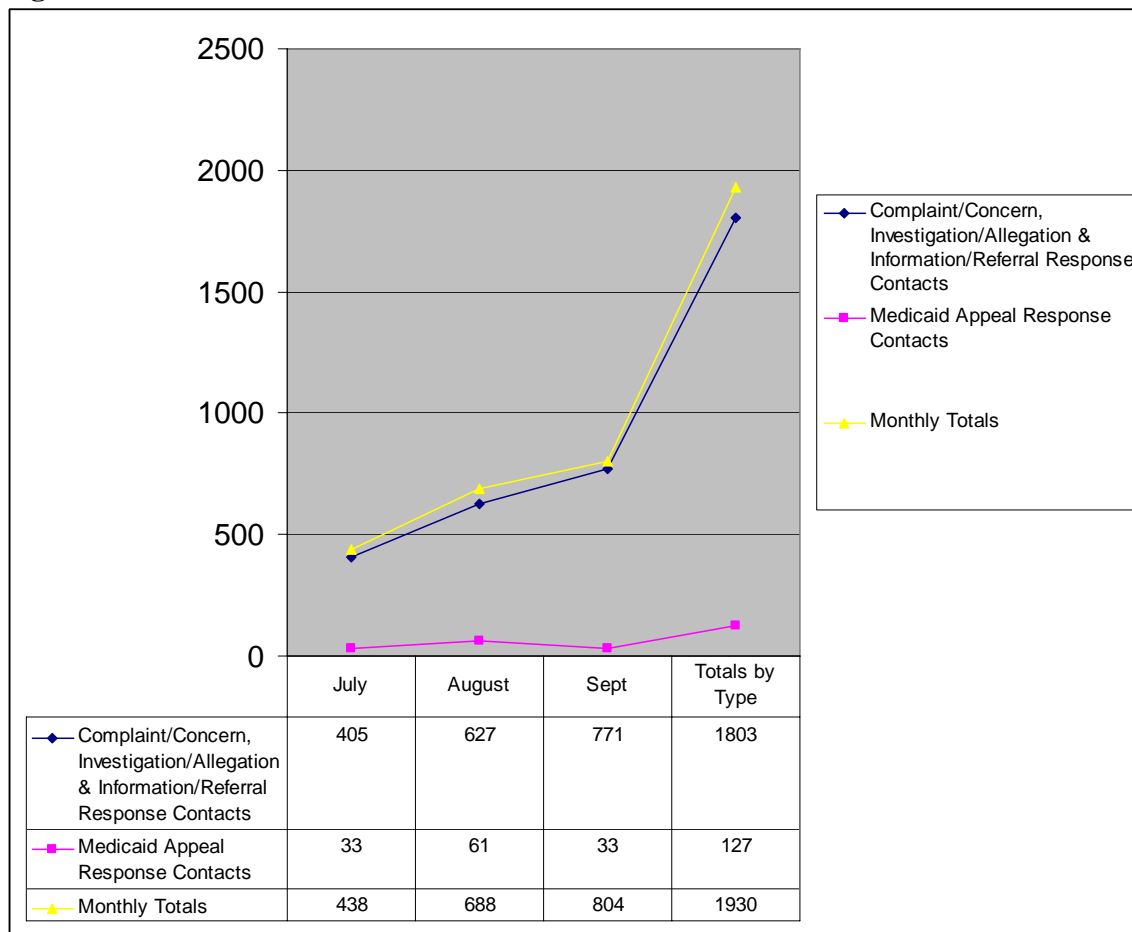


Table 3 and Figure 2 indicate that the volume of Customer Service and Community Rights new cases has increased considerably in the last year. The average monthly number of new cases from October to December 2003 was 74 per month, while from January to June 2004 the average was 82 per month. From July to September 2004, there was an average of 122 new cases per month. **As a result, there is a 39% increase in the average monthly case load over the last 9 months.**

Table 4 and Figure 3- Number of Contacts in Response to Complaints/Concerns, Investigations/Allegations, Information/Referrals and Medicaid Appeals

Types of Cases	July	August	September	Totals by Type
Complaint/Concern, Investigation/Allegation and Information/Referral Response Contacts	405	627	771	1803
Medicaid Appeal Response Contacts	33	61	33	127
Monthly Totals	438	688	804	1930

Figure 3



Response by CSCR Team: Table 4 and Figure 3 list the staff responses or contacts to the Complaints/Concerns, Investigations/Allegations, Information/Referrals and Medicaid Appeals from July to September 2004. Each “response” is an action by staff to address the case. A response may be by phone, e-mail or letter. Due to the complexity of many of the cases, CSCR team members usually make several calls or other contacts in order to obtain the appropriate information or identify a contact person for the individual. A total of 1,930 identified responses were made by staff regarding 366 cases from July to September 2004.

The CSCR team members try to redirect complaints either to the AP/LME Customer Services staff or to another AP/LME staff person, such as a case manager.² After receiving a call, a CSCR team member contacts the AP/LME Customer Services staff member and asks the staff member to contact the original caller and to follow up with the CSCR team member.

² AP/LMEs designate a Customer Service staff person to assist complainants at the local level. The names of these individuals can be found in the North Carolina Council of Community Programs Directory.

Table 5– Historical Case Response Comparisons Between January and September 2004

Case Type	Jan to June 2004 (actual)	Expected Quarterly Number for July to Sept. 2004	July to Sept. 2004 (actual)
Complaint/Concerns, Investigations, Information/Referrals	1872	936	1803
Medicaid Appeals	252	126	127
Totals	2124	1062	1930

Figure 4

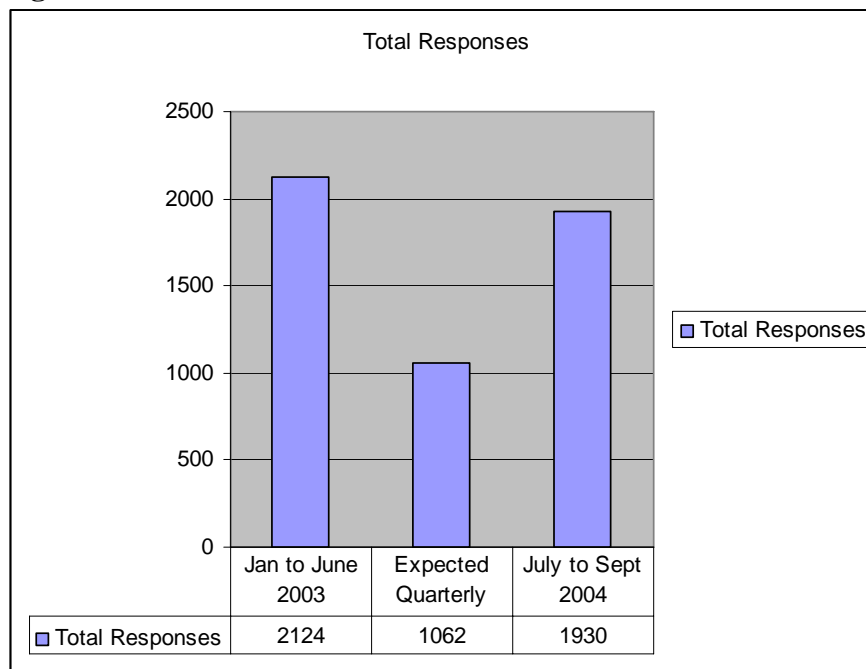
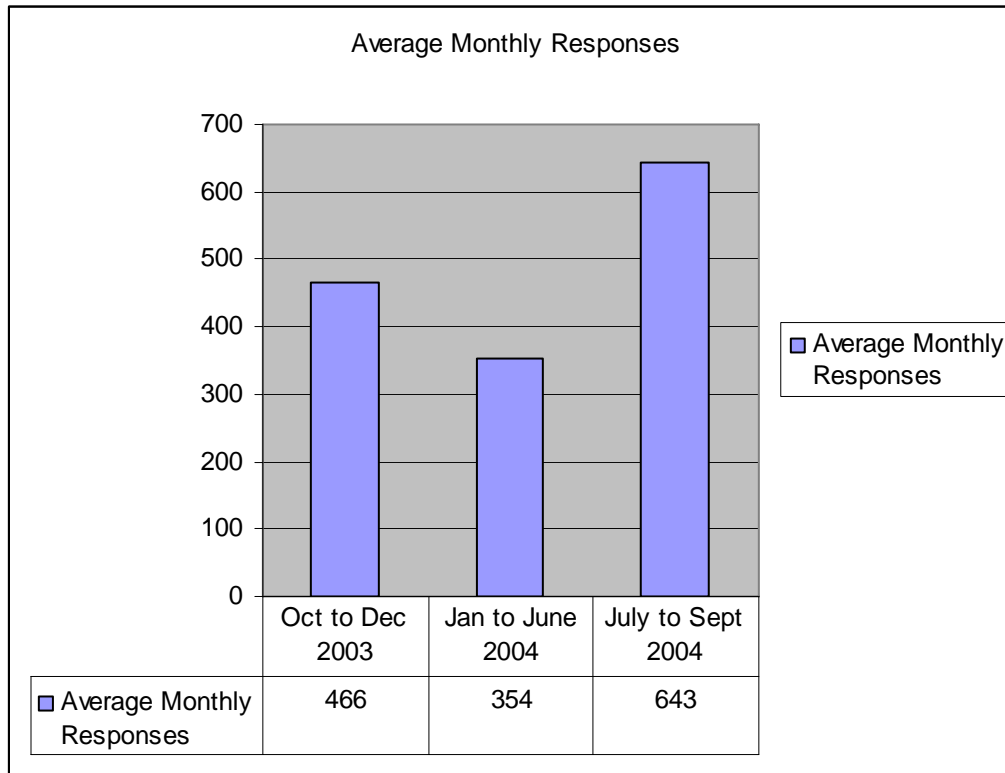


Table 6- Responses to New Cases: Historical Summary

Time Period	Average Monthly Number of Responses for New Cases
October to December 2003	466 per month
January to June 2004	354 per month
July to September 2004	643 per month

Figure 5



The number of staff responses to informally resolve new cases has considerably increased in the last year. The average monthly number of responses for October to December 2003 was 466 per month, and 354 per month for January to June 2004. The average monthly number of responses to new cases from July to September 2004 was 643. **As a result, there was a 38% increase in the average monthly responses over the last 9 months.**

Table 7- Average Total of Monthly Responses Per Complaints/Concerns, Investigations/ Allegations, Information/Referrals and Medicaid Appeals for July to September 2004

Types of Cases	Contact Responses	Number of Cases	Average Monthly Responses per Case
Complaint/Concerns, Investigations/Allegations and Information/Referral Responses	1803	331	5
Medicaid Appeal Responses	127	35	4
Total	1930	366	5

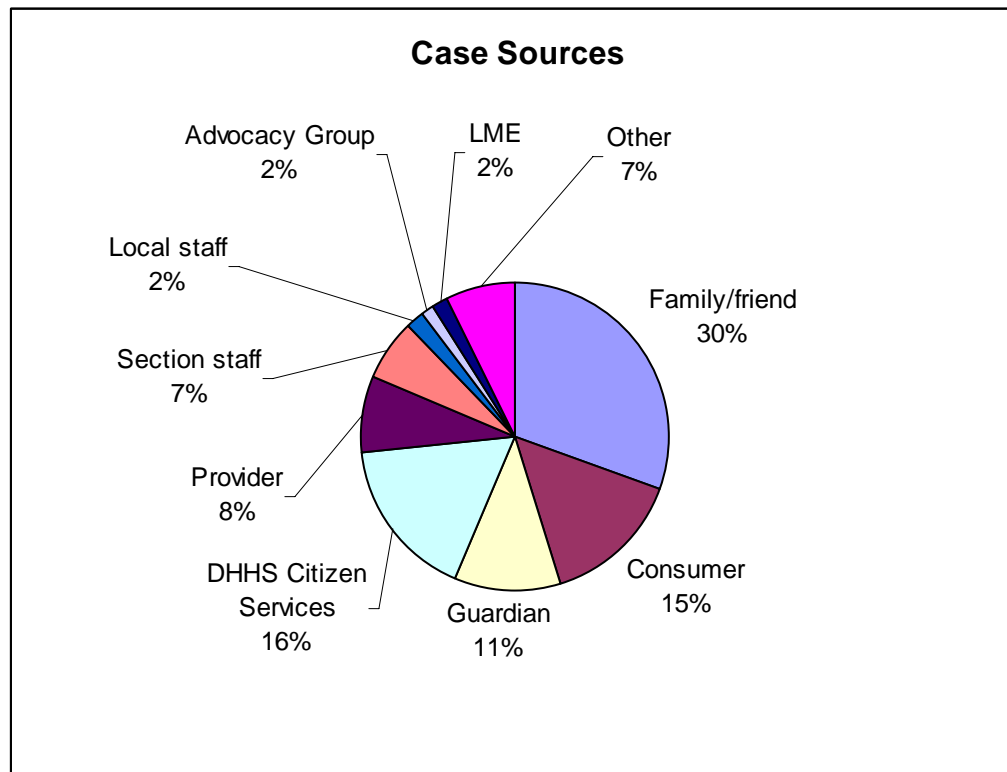
Since several responses were required for each of the 331 cases of Complaints/Concerns, Investigations/Allegations, Information/ Referrals and Medicaid Appeals, there were 1,803 identified responses for the contact cases. There were 127 total identified responses for the 35 Medicaid Appeals. The average monthly number of responses per case was five (5) and the average monthly response per appeal case was four (4).

Section B- Detailed Description of the Complaints/Concerns, Information/Referrals and Investigations

Table 8 - Case Sources From July to September 2004

Source Type	Number of Cases	% Of Total
Family/friend	101	30%
Consumer	49	15%
Guardian	37	11%
DHHS Citizen Services	56	16%
Provider	26	8%
Section staff	22	7%
Local staff	6	2%
Advocacy Group	5	2%
LME	5	2%
Other	24	7%
Total	331	100%

Figure 6- Case Sources From July to September 2004



Case Sources: The Customer Service and Community Rights Team members received Complaint/Concern, Information/Referral, and Investigation requests from 10 different sources which are listed in Table 8 and Figure 6. The sources in the table include the North Carolina

Department of Health and Human Services Office of Citizen Services (CARE-LINE) which is staffed from 8:00 a.m. to 5:00 p.m. The CARE-LINE is a toll-free number (1-800-662-7030) for citizens and is a state-wide information resource. Calls to the Office of Citizen Services related to DMH/DD/SAS issues are directly forwarded to the CSCR staff. Along with direct requests from the general public, government officials most often forward their local correspondence regarding DMH/DD/SA services to the staff at Office of Citizen Services who in turn forward these issues to the CSCR team.

Consumers and their families, friends and/or guardians accounted for 187 (56%) of the 331 Complaint/Concern Information/Referral or Investigation cases (56 %). Consumers initiated 49 (15%), family/friends initiated 101 or 30%, and guardians initiated 37 or 11% of the total complaints or information/referrals. The North Carolina DHHS Office of Citizen Services initiated 56 cases (16%) while providers initiated 26 (8 %) cases to the CSCR Team. There were 24 case sources (7 %) called “other” representing non-specified categories that were not in our protocol. DMH/DD/SAS staff initiated 22 of the cases (7%) and the remaining sources represent a small percentage (6%): five (5) from advocacy groups, six (6) from local staff, and five (5) from the AP/LMEs.

Table 9- Issues Tracked in Complaint/Concern, Information/Referral and Investigation Cases

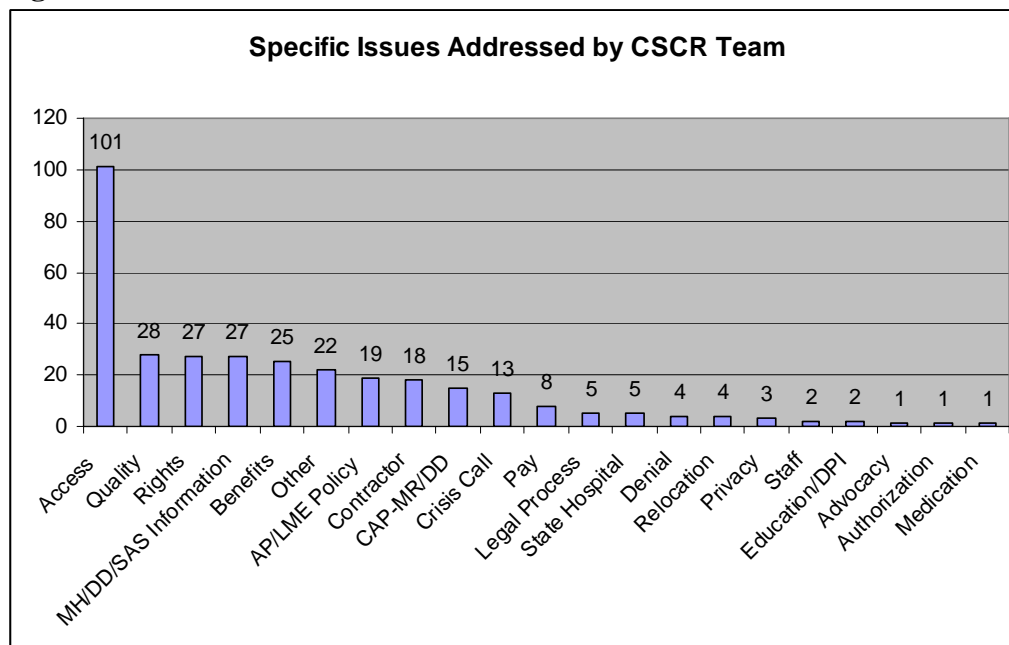
Issue	Definition/Comment
Abuse and Neglect	<i>By law, suspicion of this activity is referred to the local Department of Social Services and applicable licensing agencies.</i>
Ability to Pay	<i>Concern over consumer’s financial obligation</i>
Access	<i>Request for services</i>
Advocacy and Support	<i>Information provided regarding advocacy groups or websites</i>
AP/ LME Policy	<i>Dispute over AP/LME administrative or service policy</i>
Authorization/ Service Orders/ Utilization Review	<i>Includes information about the process as well as complaints about the process</i>
Benefits	<i>Disability benefits question (SSI, Special Assistance, Medicare, Medicaid, etc.)</i>
Crisis Call	<i>Calls that indicate an urgent crisis</i>
Denial	<i>Concern over a denial of a non-Medicaid service</i>
Education/Department of Public Instruction	<i>Information requested regarding education or school issues.</i>
General Information	<i>Information provided regarding general issues such as contact names and numbers for other state and local agencies or programs such as DSS, DFS, SSI, Medicaid, etc.</i>
Information on MH/DD/SAS issues	<i>Information requested regarding any rules, statues, manuals, forms, DMH/DD/SAS policies, communication bulletins, reform process, service definitions, licensing, or staffing issues.</i>
Legal Process	<i>Includes information on any legal issue/process such as guardianship, custody, involuntary commitment, etc. Information about the process is provided, but no legal advice is provided.</i>

Issue	Definition
Medicaid Waiver (CAP-MR/DD)	<i>Regarding Waiver program policy or procedure</i>
Medication	<i>Includes the need for refills, information on medication, re-checks, inability to pay for medications, etc.</i>
Provider/ Contractor	<i>Provider performance or policy</i>
Relocation	<i>Request by families or other mh/dd/sas professionals for assistance with services as they are planning for relocation to or within North Carolina.</i>
Rights	<i>Alleged violation of rights in law or administrative rule.</i>
Service Quality	<i>Dissatisfaction or questions concerning the quality, appropriateness or level of service</i>
Staff	<i>Issues regarding personnel issues are directed to appropriate Area Program/LME, Provider or State facility staff</i>
State Hospitals	<i>Information provided to assist/ connect consumers and/or families when a family member is in the hospital. For example, allegations of abuse and/or neglect that allegedly occurred during hospitalization or personnel issues.</i>
Other	<i>When current categories are not inclusive of the presenting issue</i>

Table 10 - Overall Total of Primary Issues Addressed in Complaints/Concerns, Investigations and Information/Referrals between July to September 2004

Issue	Total	% of Total
Access To Services	101	30%
Quality Of Care	28	8%
MH/DD/SAS Information	27	8%
Client Rights Issues	27	8%
Public Assistance Benefits	25	8%
AP/LME Policy Issues	19	6%
Contractor/Provider Issues	18	5%
CAP-MR/DD Waiver Issues	15	5%
Crisis Calls	13	4%
Ability To Pay Issues	8	2%
Legal Process	5	2%
State Hospitals	5	2%
Relocation	4	1%
Denial Of Services	4	1%
Privacy	3	1%
Education/ Dept. of Public Instruction	2	1%
Staff Issues	2	1%
Medication	1	Less than 1%
Advocacy	1	Less than 1%
Authorization	1	Less than 1%
Other Issues	22	7%
Total	331	100%

Figure 7



Issues Addressed: Table 9 describes the issue categories most commonly addressed. The Information/Referral, Investigation, and Complaint/Concern cases encompass a wide variety of issues. Table 10 and Figure 7 list the distribution of primary issues noted in Complaints/Concerns, Information/Referrals and Investigations. Contacts were made concerning a wide range of issues. By far the highest number (101 or 30%) of issues fall under the category of “access” to services, this is defined as a request for services. Consumers and family members often request access information regarding an agency or service. Examples include substance abuse detoxification centers, treatment services for children and adults, drug education school classes, etc. Team members provide service information but primarily refer people to the local AP/LME customer services coordinator. After a referral, the local customer services coordinator will provide case updates and resolution information to the CSCR team.

Each of the following categories represented eight percent (8%) of the case issues: quality of care (28), MH/DD/SAS information requests (27), client rights issues (27) and public assistance benefits (25). Examples of the MH/DD/SAS information category include requests from consumers, families, providers and community regarding topics such as service definitions, rules, manuals and diagnosis(es).

Seven percent (7%) or 22 cases are in the “other” category. Examples include requests for contact names and phone numbers for DMH/DD/SAS staff and other agencies, web address or link to the DMH/DD/SAS website, information for student papers, etc.

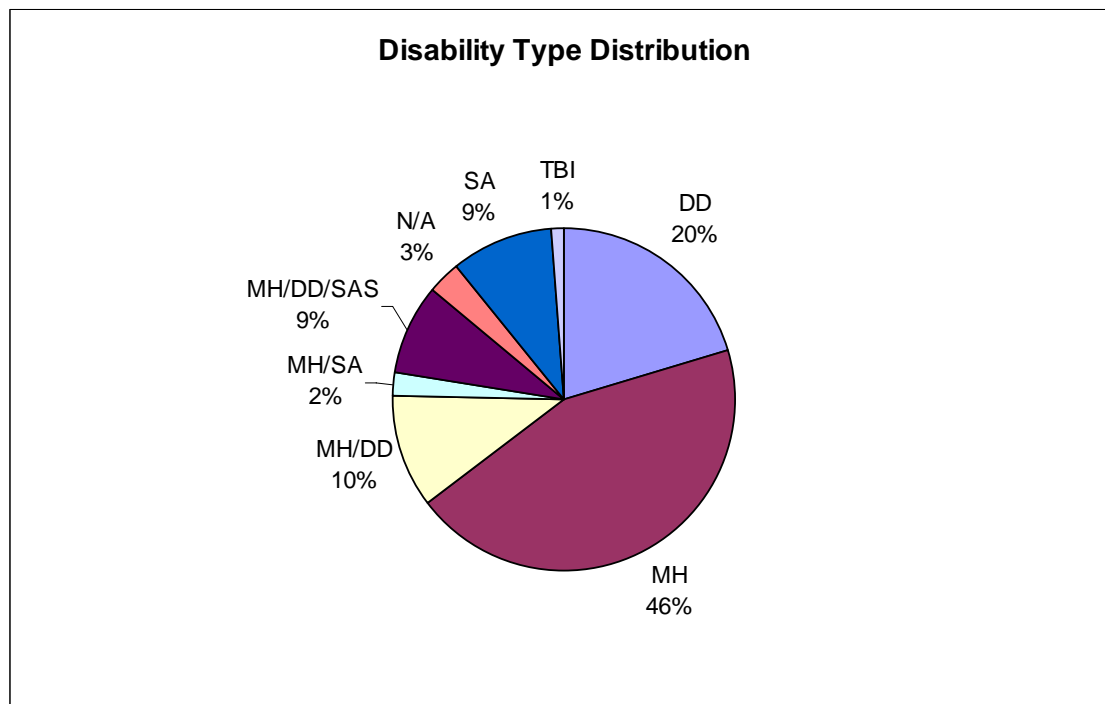
Nineteen (19) of the cases (6%) were regarding AP/LME policy, and 18 cases (5%) were regarding contractor/provider issues. Fifteen of the cases (5%) were concerning CAP-MR/DD wavier issues, and 13 of the cases were crisis calls. Ability to pay was discussed in eight (8) of the cases (2%). Five (5) of the cases (2%) were regarding the state hospitals, and another five (5) of the cases (2%) were discussing a legal process. Issues of relocation and denial of non-

Medicaid services were each addressed in four (4) of the cases (2%). Three (3) cases were regarding privacy (2%) and two (2) cases each (1% each) involved staff issues and education/school concerns. Medication, authorization and advocacy represented one case regarding each of these issues.

Table 11 - Disability Group Distribution of Cases for July to September 2004

Disability	Total	% of Total
MH	148	46%
DD	68	20%
MH/DD	35	10%
SA	31	9%
MH/DD/SA	29	9%
MH/SA	7	2%
TBI	4	1%
Not Applicable	9	3%
Total	331	100%

Figure 8- Disability Group Distribution of Cases for July to September 2004



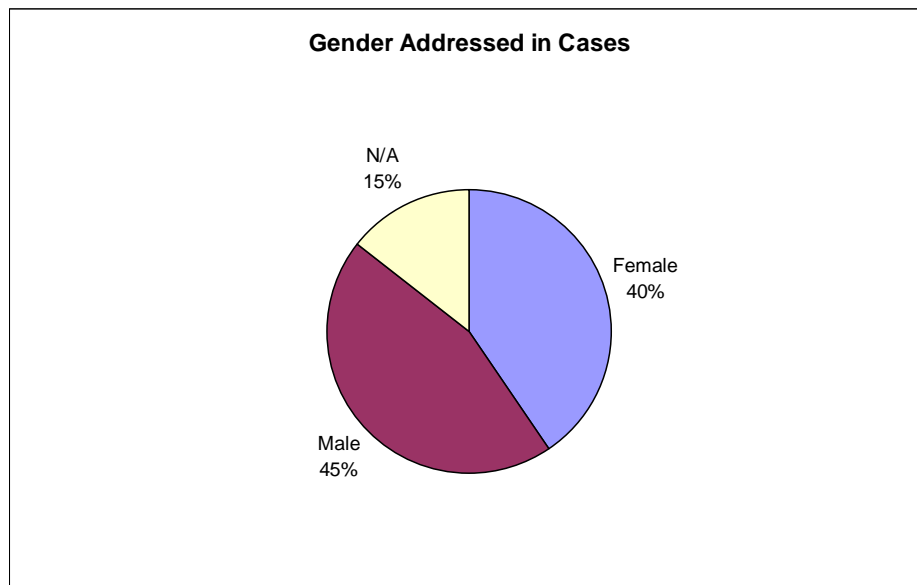
Disability Type Representation: Table 11 and Figure 8 show disability groups that were represented in the 331 cases. For each case, the CSCR team records the disability area addressed by the referral source.

Mental health consumers' service cases represented 148 (46%) of the total. The next most prevalent disability group was developmental disabilities with 68 (20%) cases. Thirty-five (35) cases (10%) were related to dual diagnosis of MH/DD and thirty-one (31) cases (9 %) were related to substance abuse issues. Twenty-nine (29) cases (9%) were related to multiple MH/DD/SAS issues, and seven (7) cases were related to dual diagnosis of MH/SA issues. Nine (9) inquiries (3%) were not applicable to any particular disability group, and four (4) cases (1%) were related to Traumatic Brain Injury (TBI).

Table 12- Gender Distribution of Issues for July to September 2004

Gender	Number	% of Totals
Male	149	45%
Female	134	40%
N/A	48	15%
Total	331	100%

Figure 9



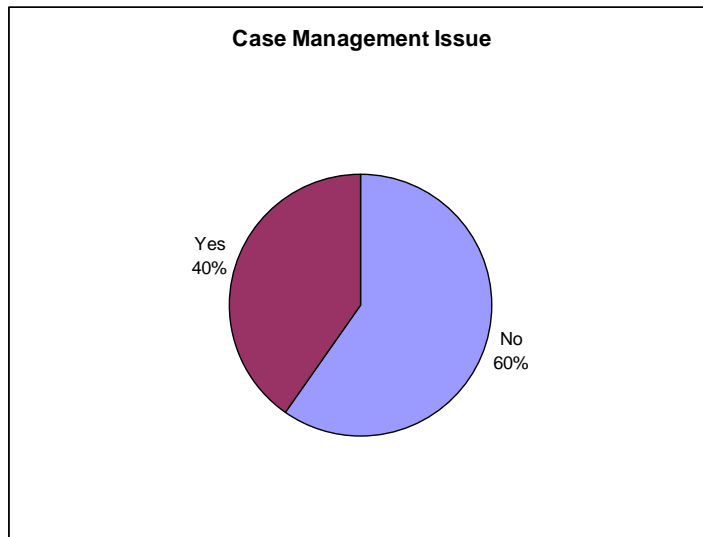
Gender Distribution: Table 12 and Figure 9 indicate the gender distribution for the 331 total cases. For each case, the CSCR team either records the gender of the consumer referenced by the referral source or indicates “not applicable” when the issue is not directly related to consumer services. Examples of cases not applicable to a specific consumer group would be issues such as licensing, service definition, legal processes, rules or advocacy groups.

One hundred forty-nine (149) cases (45%) were males 134 were females (40%). Forty-eight (48) cases (15%) were not applicable to a specific consumer.

Table 13- Case Management Distribution of Cases Between July and September 2004

Case Management Issue	Number	% of Total
No	198	60%
Yes	133	40%
Total	331	100%

Figure 10



Case Management Issue Distribution: During this report period, CSCR staff assessed and tracked each case to determine whether or not case management was a critical element in the case. Table 10 and Figure 8 indicate the percentage of the 331 cases in which case management was a factor. One hundred ninety-eight cases (60%) did not have nor need case management involvement, but 133 cases (40%) had or did need case management involvement. Although 40% of the cases had case management services, the issues such as access, provider choice or quality of services still were the predominant issues.

Section C- Location of the Complaint/Concern and Information/Referral cases

**Table 14- Complaints/Concerns and Information/Referrals
Associated with APs/LMEs**

Area Program/LME	Complaints/ Concerns	Information and Referral	Total Type	% of Total
Alamance-Caswell	3	0	3	1%
Albemarle	4	3	7	2%
Catawba	5	0	5	2%
CenterPoint	8	8	16	5%
Crossroads	4	4	8	3%
Cumberland	9	2	11	4%
Durham	4	3	7	2%
Eastpointe	5	3	8	3%
Edgecombe/Nash	1	0	1	Less than 1%
Foothills	3	2	5	2%
Guilford	5	1	6	2%
Johnston	2	2	4	1%
Lee-Harnett	9	0	9	3%
Mecklenburg	2	8	10	3%
Neuse	6	3	9	3%
New River	0	1	1	Less than 1%
Onslow	6	2	8	3%
Orange-Person-Chatham	3	0	3	1%
Out of State	1	10	11	4%
Pathways	4	5	9	3%
Piedmont-Davidson	3	2	5	2%
Pitt	3	2	5	2%
RiverStone	0	0	0	0%
Roanoke-Chowan	1	3	4	1%
Rockingham	1	0	1	Less than 1%
Sandhills-Randolph	4	0	4	1%
Smoky Mountain	2	1	3	1%
Southeastern Center	3	4	7	2%
Southeastern Regional	1	1	2	1%
Tideland	1	2	3	1%
Vance-Granville-Franklin-Warren	7	5	12	4%
Wake	10	15	25	8%
Western Highlands	7	8	15	4%
Wilson-Greene	2	1	3	1%
Unspecified	28	52	80	25%
Total	157	153	310	100%
Total Minus Unspecified	129	101	230	
Mean (Average)	4.49	4.37	8.86	3%
Median (Middle Score)	3	2	5	2%
Mode (Most Common)	1 and 3	0	3	

The Team tracks the AP/LME where communications originate. In many cases, callers do not specify their locality or the locality is not relevant are listed as “unspecified”. An important caveat: The data in Table 14 refer only to the residential area of the consumer whose issue was addressed by the CSCR team. Therefore, these data do not indicate complaints against APs/LMEs in all cases. We have simply recorded the locality of the complainant or person asking for information. Moreover, APs/LMEs with a high volume should not be viewed critically. In fact, a high volume may indicate that consumers are aware of the complaint process and that the AP/LME provides a complaint system to help consumers address their concerns. Finally, the table lists AP/LME mergers that were being planned during the report period and thus is an evolving set of data.

A total of 157 Complaint/Concern and 153 Information/Referral cases were addressed between July and September 2004. Investigations were not included in this table, and are discussed later in the report. The mean (average) number of Complaints/Concerns per AP/LME is 4.49 and the mean number of Information/Referral contacts per AP/LME was 4.37. The mean (average) percent of total contact cases per AP/LME was 3%.

Section D- Client Rights Investigations

The Division receives complaints/allegations that require investigation. An investigation may involve a single complaint or multiple allegations of violations. Therefore, the lead investigator from the CSCR Rights Team and the lead investigator from the Accountability Team, also in DMH/DD/SAS, collaborate to determine if the investigation will be conducted by the AP/LME, another agency or by the Division. If a state level investigation is indicated, CSCR or Accountability will assume the lead for the investigation. Other DHHS Divisions and additional DMH/DD/SAS teams will be involved as warranted by the specific nature of the investigation. An investigation case remains pending until final reports are completed by the responsible parties.

Each Investigation is very involved and requires a significant amount of time to conduct detailed research, collect data/evidence, assess information and write reports. All DMH/DD/SAS Investigations are logged into the CSCR database along with the total contact responses per case initiated by CSCR investigators. Other DMH/DD/SAS team members have a substantial number of contacts per case that are not recorded in this database. The information content of the investigation is not included in this report. However, we do report on the status of Investigations.

Table 15- Client Rights Investigation Status

Status	Total	% of Total
Pending	12	57%
Complete	9	43%
Total	21	100%

Figure 11

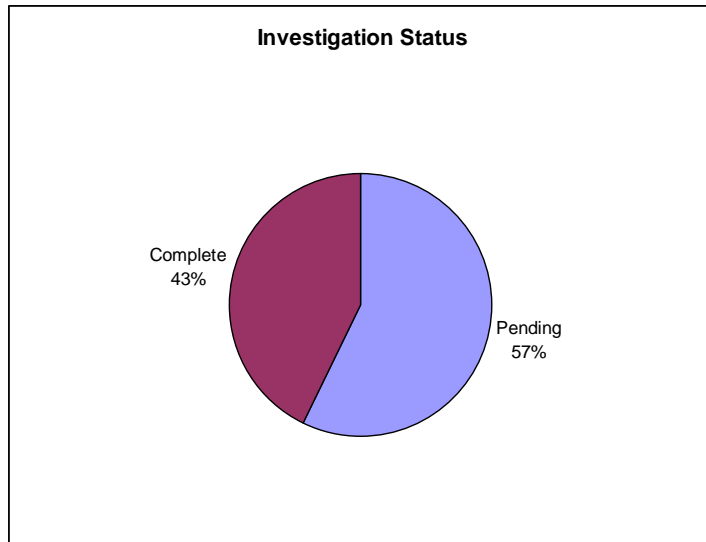


Table 15 and Figure 11 show that twenty-one (21) Investigations were initiated during the report period. Nine (9) Investigations were closed and twenty-one (21) are pending. Many of the Investigations remain open for several months in order to allow time for a thorough investigation.

Table 16- Client Rights Investigation Case Referral Sources for Investigations Initiated Between July and September 2004

Case Referral Source	Total	% of Total
DMH/DD/SAS staff	13	62%
Family/Friends	2	9%
Provider Staff	2	9%
DFS	1	5%
Local MH/DD/SAS Staff	1	5%
Former provider Staff	1	5%
Anonymous	1	5%
Total	21	100%

Figure 12- Case Sources for Investigation

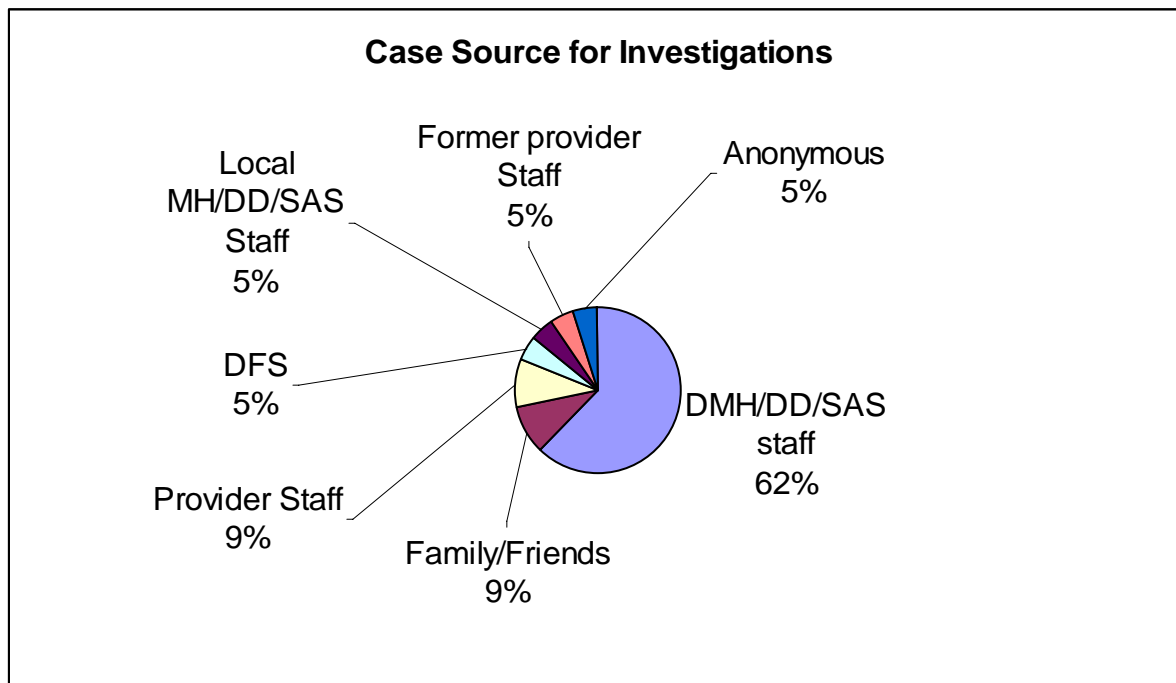
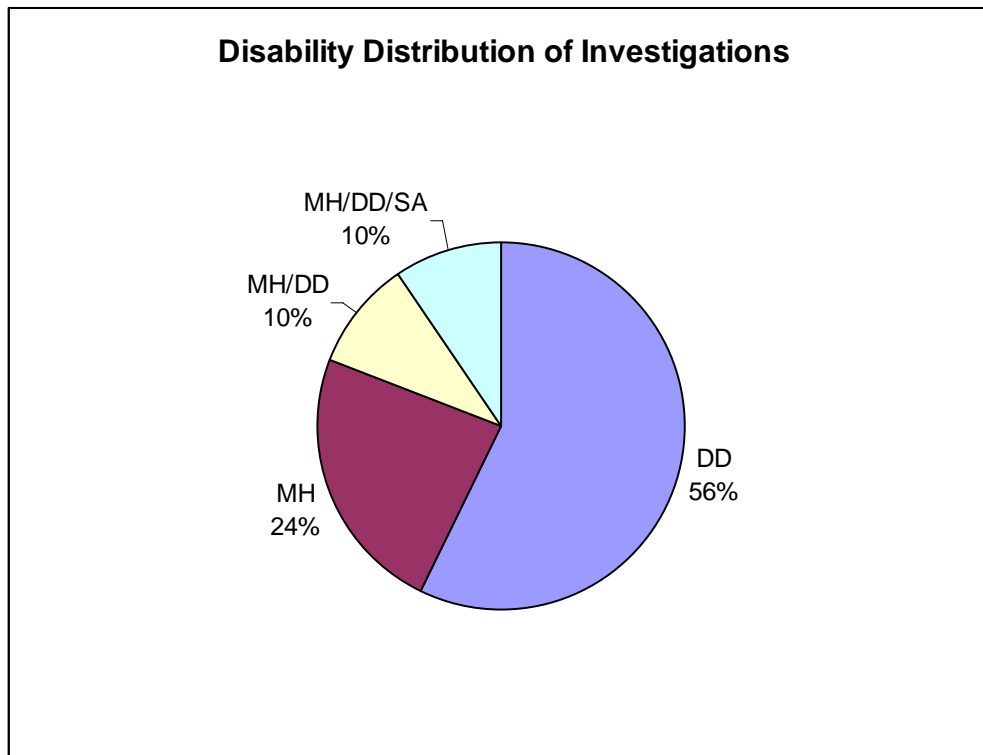


Table 16 and Figure 12 show the case sources for the 21 Investigations. The primary referral source (13 or 62%) is DMH/DD/SAS staff members, who initiate Investigations based upon information from a variety of sources such as complaints, allegations, audits, and consultations. Families, friends and provider staff each accounted for two (2) of the 21 Investigations (9% each). A single case each was initiated by DFS staff, former provider staff, an anonymous person and local MH/DD/SAS staff.

Table 17- Disability Distribution of Investigations Initiated Between July and September 2004

Disability	Total	% of Total
DD	12	56%
MH	5	24%
MH/DD	2	10%
MH/DD/SA	2	10%
Total	21	100%

Figure 13



Disability Type Representation: Table 17 and Figure 13 show disability groups that were represented in the 21 Investigations. Consumers of developmental disabilities services represent 12 of the total (56%). The next most prevalent disability group is mental health which was five (5) of the Investigations (24%). Two (2) Investigations (10%) were related to MH/DD and two (2) of the Investigations (10%) were related to MH/DD/SA issues.

Part II: Medicaid Appeal Information for July to September 2004

There are three appeal levels available to recipients who are appealing decisions regarding DMH/DD/SA Medicaid services: the local AP/LME, the DMH/DD/SAS Hearing and the State Office of Administrative Hearings (OAH). Appellants are given the option to: 1) begin an appeal at the local AP/LME level, 2) request a direct DMH/DD/SAS hearing or 3) appeal directly or at anytime to OAH. The vast majority of appellants choose to participate in local reviews convened at the AP/LME. When selected and settled, local reviews hasten resolution of the appeal process. The CSCR team members and LME staff work closely with consumers to facilitate local resolutions for appeals in order to obtain speedy decisions. A total of 127 identified responses were made for the 35 appeals and the average monthly response per appeal case was three (3). During this report period, only one (1) of 35 appellants (3%) chose to by-pass the local LME review process and request a direct State DMH/DD/SAS hearing.

Table 18- Total Appeals Received by DMH/DD/SAS From July to September 2004

Appeal Type	Total	Percentage
MH/DD/SAS (Regular Medicaid)	28	80%
CAP-MR/DD	7	20%
Total	35	100%

Figure 14- Total Appeals Received by DMH/DD/SAS From July to September 2004

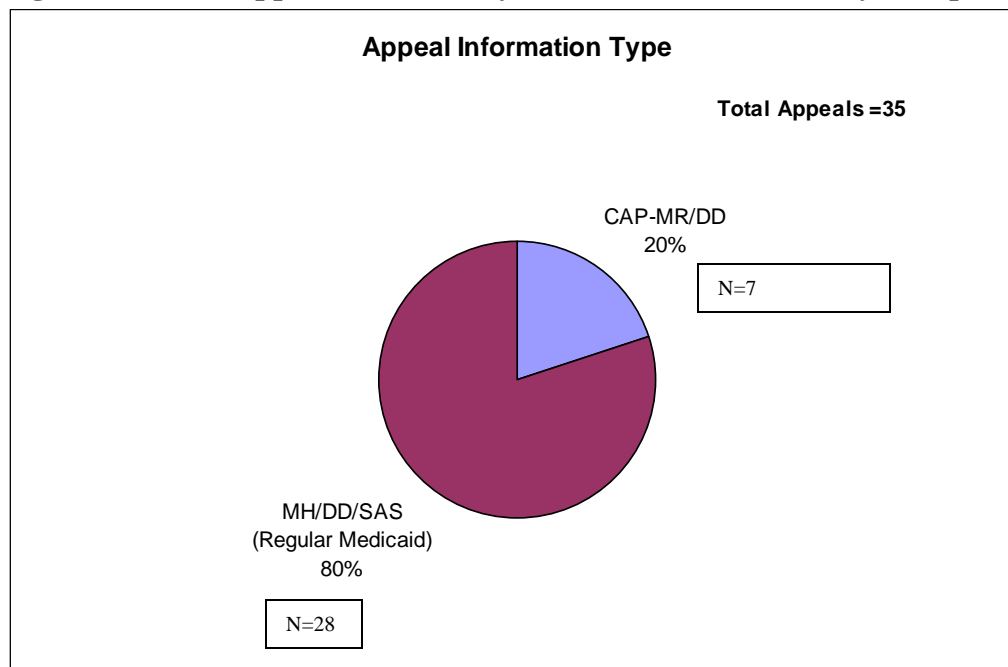


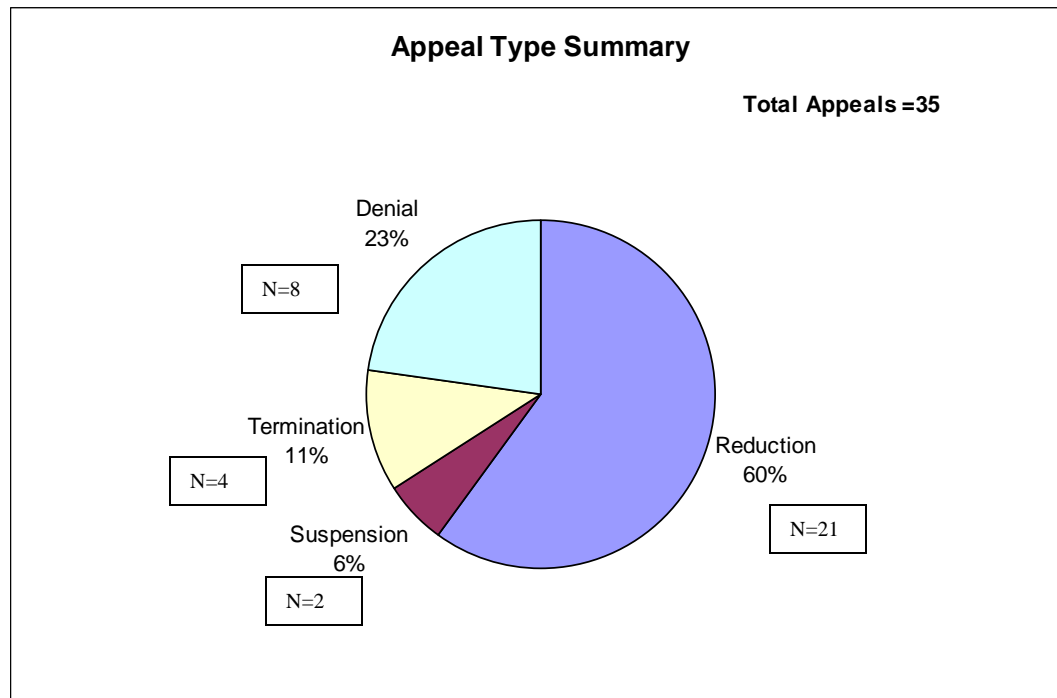
Table 18 and Figure 14 show the total number of appeals that the CSCR Team addressed from July to September 2004. The table refers to both recipients on the CAP-MR/DD wavier and regular MH/DD/SAS recipients who receive Medicaid services but are not on the wavier. The

CSCR team members addressed 35 Medicaid Appeals requests during this period. Appeals are filed to the Customer Service and Community Rights Team in order to provide consumers with direct information about the appeal process. CAP-MR/DD Waiver recipients account for seven (7) out of 35 (20%) of the active appeal cases during these three months, while appeals involving regular Medicaid recipients of MH/DD/SAS services account for 28 (80%) of the total.

Table 19 – Types of All Medicaid Appeals

Appeal Type	Total	% of Total
Reduction	21	60%
Denial	8	23%
Termination	4	11%
Suspension	2	6%
Total	35	100%

Figure 15- Types of All Medicaid Appeals



Types of Medicaid Appeals: AP/LMEs make authorization decisions about Medicaid services based on medical necessity and are required to send Medicaid recipients written notification of their right to appeal any of the following decisions: *reduction of service, suspension of service, termination of service, and denial of requests for a different service or an increased volume of a current service* (42 CFR 431. Sub-Part E).

Table 19 and Figure 15 show the types of Medicaid Appeals that were filed during this reporting period. These data indicate that the majority of the appeals are for *reductions of service* for

example, appealing the reduction from Level III residential to Level II. There were 21 appeals (60%) for reduction of services. The next highest type of appeal is for *denial of requested services* for example, a denial of a type of allowable equipment in CAP-MR/DD or a denial of a request to step up from Level II to Level III residential service). Eight (8) appeals (23%) were received for denials of requested services. *Termination of services* is the third highest type of appeal for example, appealing a decision to end individual outpatient therapy). Four (4) appeals (11%) were received for termination of services. Finally, two (2) appeals (6%) involved *suspension of services* for example, appealing suspension from a clubhouse program.

**Table 20- AP/LME Distribution of Medicaid Appeals For
July to September 2004**

AP/LME	Total	% of Total
Southeastern Regional	9	26%
Guilford	7	20%
Eastpointe (Duplin/Sampson-Lenoir-Wayne)	6	18%
Wilson-Greene	2	5%
Foothills	2	5%
Rockingham	2	5%
Albemarle	1	3%
CenterPoint	1	3%
Orange-Person-Chatham	1	3%
Piedmont-Davidson	1	3%
Pitt	1	3%
Sandhills-Randolph	1	3%
Western Highlands (Blue Ridge - Rutherford-Polk - Trend)	1	3%
Total	35	100%

AP/LME: Table 20 shows the AP/ LME associated with the 35 Medicaid Appeals. Medicaid Appeals requests were received from recipients residing in 13 different AP/LMEs. The table reflects mergers in process during the report period. **In no way should a high AP/LME appeal percentage be attributed to more severe clinical decisions by the AP/LME. In actual fact, a high appeal volume most likely indicates that the LME is providing recipients with a thorough education in the due process system.** Two (2) AP/LMEs accounted for almost half (46%) of the appeals. Southeastern Regional accounted for 26% of the total, and Guilford for the remaining 20%. Eastpointe had 18% of the appeals. Three (3) AP/LMEs had between five (5) to seven (7) appeals, which ranged from 6-8% of the total appeals. Three (3) AP/LMEs had two (2) appeals (5% each), and seven (7) reported one (1) appeal each (3%), which accounted for the remaining 36%. There were no appeals submitted regarding services from the Alcohol and Drug Services (ADS), a contract provider of methadone services.

Table 21 - Sources of Medicaid Appeals for July to September 2004

Filed By	Total	% of Total
Family/Guardian	27	77%
Self	6	17%
Division of Social Services	2	6%
Total	35	100%

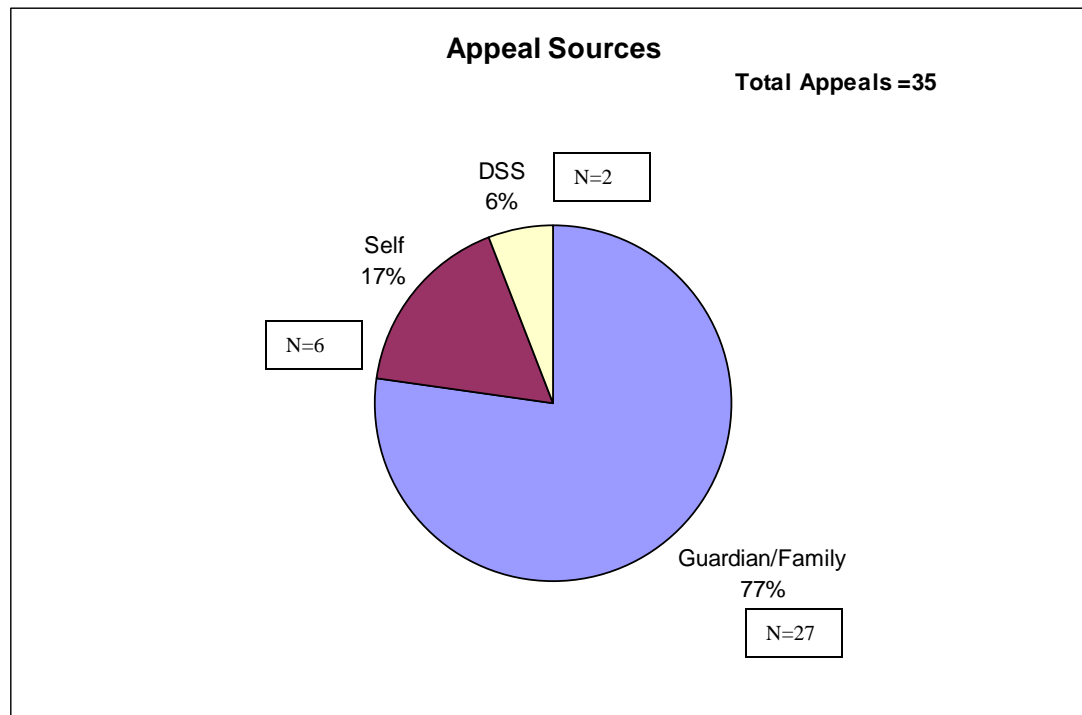
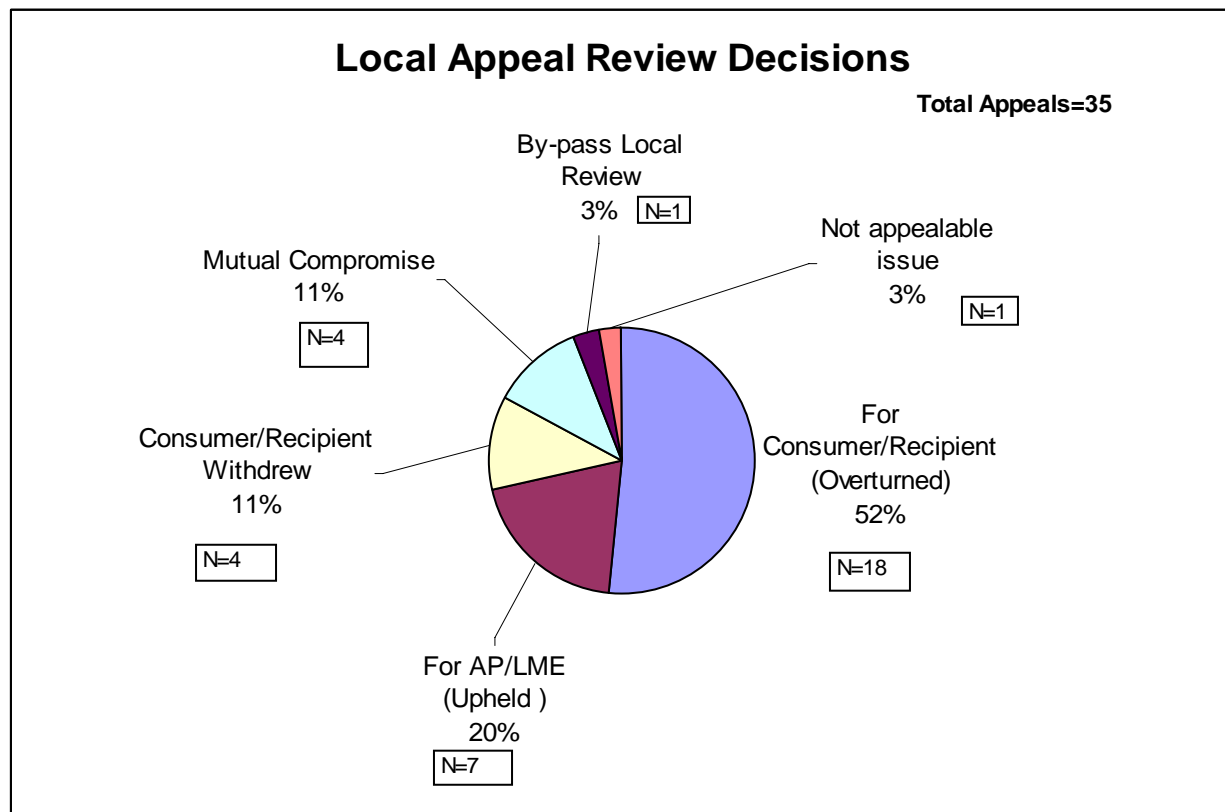
Figure16- Sources of Medicaid Appeals for July to September 2004

Table 21 and Figure 16 show the specific sources of the appeals. Only a Medicaid recipient or his/her legal guardian has the legal right to file a Medicaid Appeal according to Federal law (42 CFR 431. Sub-Part E). Note that 27 out of 35 appeals (80%) are initiated by a Guardian other than the Division of Social Services. Appeals from recipients over the age of 18 account for six (6) or 17% of the total appeals, and only two (2) or 6% of the appeals were filed by the Division of Social Services.

Table 22- All AP/LME Local Review Decisions (July to September 2004)

AP/LME Decision	Total	% of Totals
For Consumer/Recipient (Overturned)	18	52%
For AP/LME (Upheld)	7	20%
Consumer/Recipient Withdrew	4	11%
Mutual Compromise	4	11%
By-pass Local Review	1	3%
Not appealable issue	1	3%
Total	35	100%

Figure 17- All AP/LME Local Review Decisions (July to September 2004)

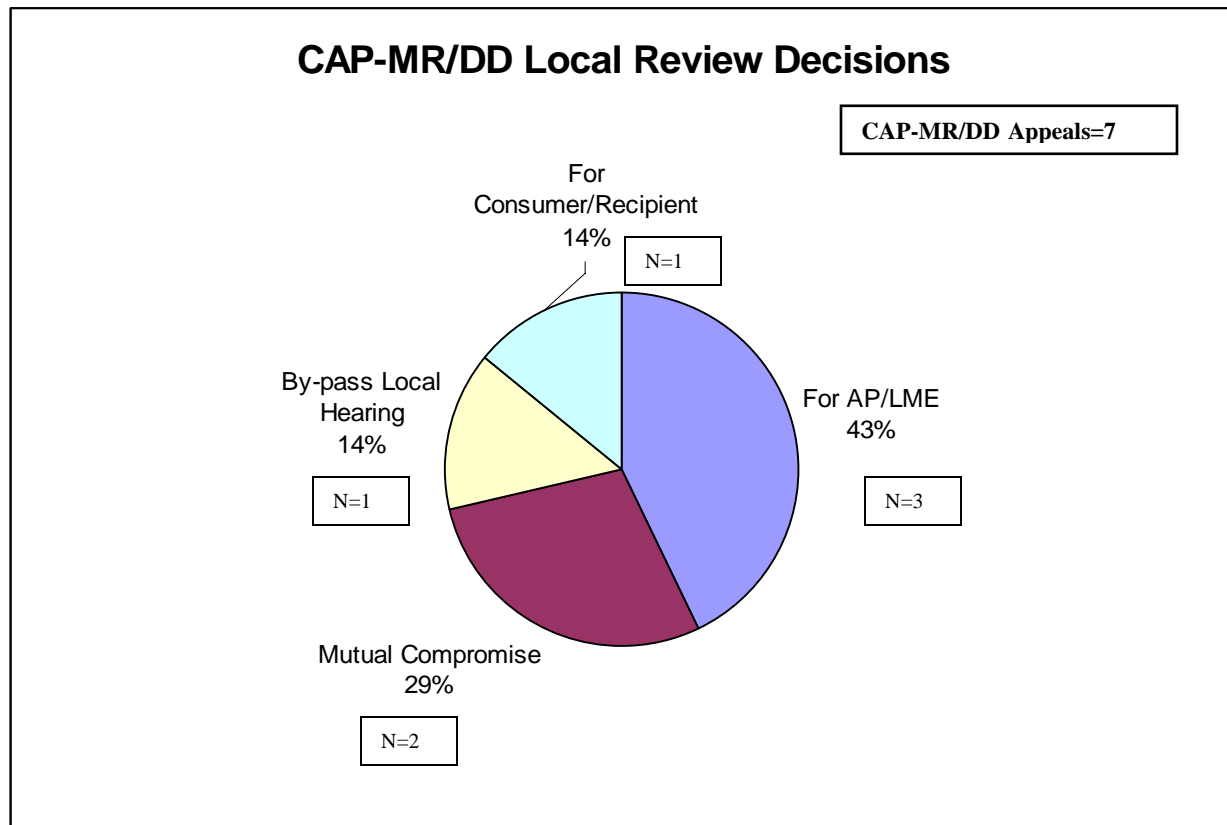


AP/LME Local Review Decisions: Table 22 and Figure 17 show the local AP/LME review decisions for all appeals from July to September 2004. Of the 35 appeals filed, local decisions were rendered for thirty-four (34) appeals. One (1) of the 35 appellants by-passed the local review for a DMH/DD/SAS hearing and one (1) appeal did not meet legal standard. Local reviews overturned the original decision and ruled in favor of the consumer/appellant in 52% of the reported total. The AP/LME local reviews upheld the original decision in 20% of the reported total appeals. The AP/LME local reviews found a mutual decision in which the AP/LME and the appellant compromised in four (11%) of the reported total, and four consumers/appellants (11%) withdrew their appeals.

Table 23 –CAP-MR/DD Local AP/LME Review Decisions (July to September 2004)

AP/LME Decision on CAP-MR Appeals	Total	% of Total
For AP/LME	3	43%
Mutual Compromise	2	29%
By-pass Local Hearing	1	14%
For Consumer/Recipient	1	14%
Total	7	100%

Figure 18- CAP-MR/DD Local AP/LME Review Decisions (July to September 2004)



CAP/MR-DD Local Decisions: Table 23 and Figure 18 show the sub-set of appeals filed by CAP-MR/DD Waiver recipients. The AP/LME local reviews upheld the original decision in three (3) cases (43%) of the reported total. The AP/LME local reviews also found a mutual decision in which the AP/LME and the appellant compromised in two (2) cases (29%) of the reported total. The AP/LME local reviews were in favor of the consumer/appellant in one (1) case (14%) of the reported total. One (1) of the seven (7) CAP/MR Waiver appellants requested a direct DMH/DD/SAS hearing.

DMH/DD/SAS Requested State Medicaid Appeal Hearings

Table 24 - All DMH/DD/SAS Requested Hearings

DMH/DD/SAS Hearing	Total	% of Total
Consumer/Recipient Withdrew	30	85%
For Consumer/Recipient	1	3%
For AP/LME (Upheld)	1	3%
Abandoned Hearing	1	3%
Mutual Compromise (for Consumer)	1	3%
Not appealable issue	1	3%
Total	35	100%

Figure 19- DMH/DD/SAS Scheduled Hearings (July to September 2004)

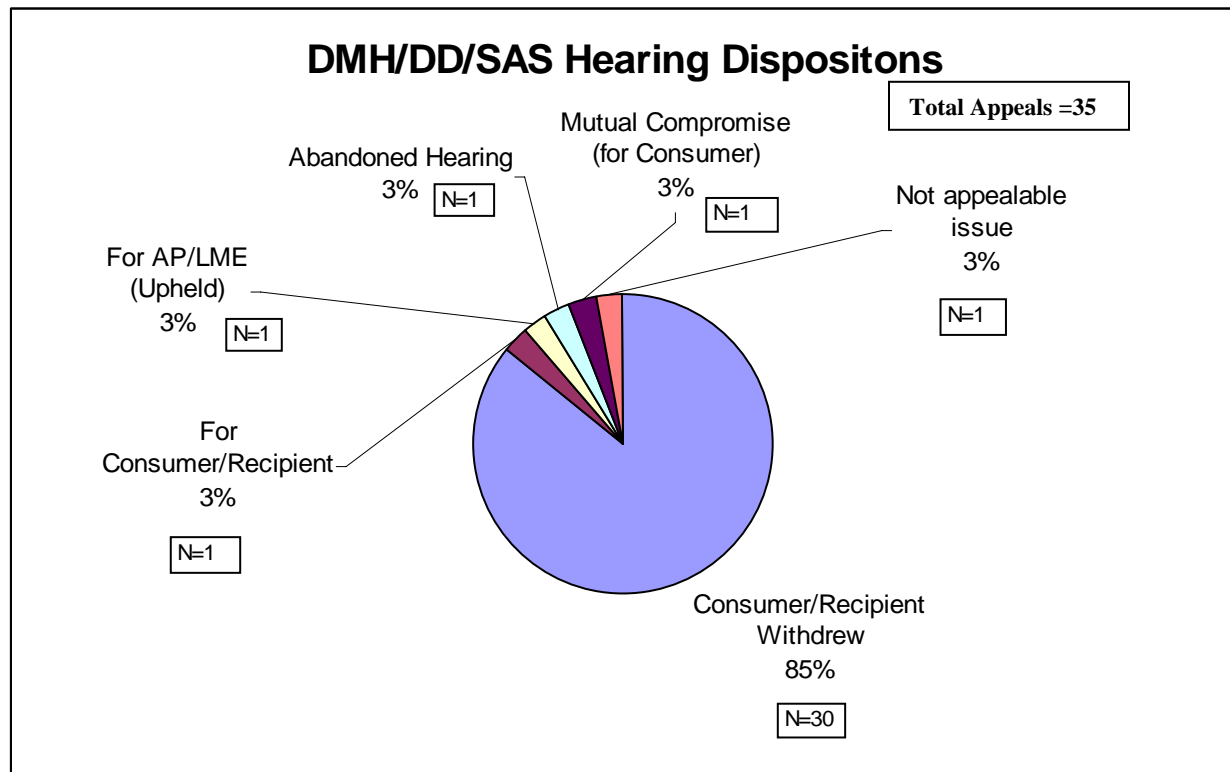
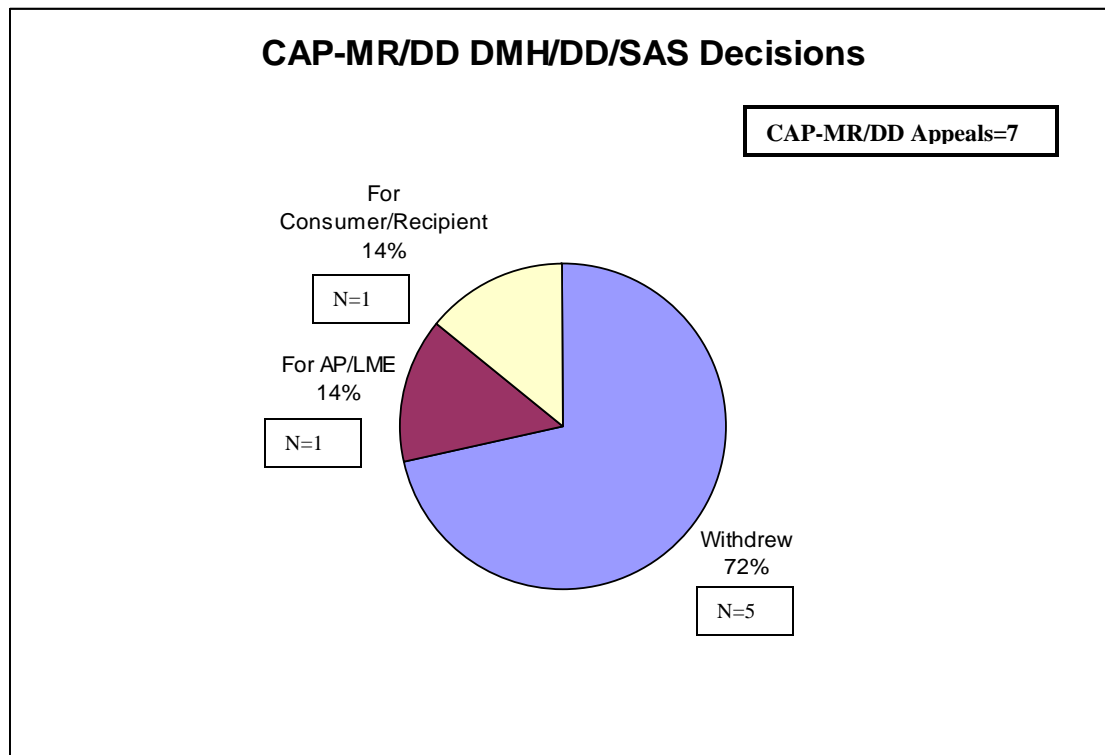


Table 24 and Figure 19 show information for the 35 appeals that requested a State hearing by the Division Affairs Team of the Administrative Support Section of DMH/DD/SAS during this period. Thirty of the 35 (86%) hearing requests were withdrawn prior to the scheduled hearings because they were resolved locally. The DMH/DD/SAS hearing officers ruled in favor of the consumer/recipient and overturned the decision of the AP/LME in one (1) of the four (4) hearings held. A mutual compromise decision in favor of the consumer was reached in one (1) hearing. The hearing officers also upheld the AP/LME's local review decision in only one (1) of the four (4) hearings convened. A mutual decision (which would have been in favor of the consumer) was reached in 1 case. One (1) DMH/DD/SAS hearing was scheduled and the family did not appear for the hearing, therefore, it is considered to be an abandoned hearing. One (1) of the filed appeals did not meet the criteria in order to be a Medicaid appeal, and the family was informed of the complaint procedure at the AP/LME.

Table 25– CAP-MR/DD DMH/DD/SAS Hearing Decisions (July to September 2004)

DMH/DD/SAS Decision on CAP-MR/ DD Appeals	Total	% of Total
Withdrew	5	72%
For AP/LME	1	14%
For Consumer/Recipient	1	14%
Total	7	100%

Figure 20– CAP-MR/DD DMH/DD/SAS Hearing Decisions (July to September 2004)



CAP/MR-DD DMH/DD/SAS Decisions: Table 25 and Figure 20 show the sub-set of appeals by CAP-MR/DD Waiver recipients. All seven (7) hearings convened during this period involved CAP-MR/DD appeals. Five (5) of the DMH/DD/SAS hearing requests were withdrawn (72%) by the consumer/recipient or legally responsible person and addressed locally. The DMH/DD/SAS hearing officer ruled in favor of the consumer/recipient in one (1) of the hearings (14%) and upheld the AP/LME decision in one (1) of the CAP-MR/DD hearings (14%) filed with DMH/DD/SAS.

Medicaid Appeals Filed to the Office of Administrative Hearings (OAH)

Appeals Filed: Medicaid recipients have the legal right to appeal directly to OAH and by-pass the DMH/DD/SAS appeal system or appeal to OAH at any time after they have appealed to DMH/DD/SAS. A total of 34 appeals were under review by the OAH during the July to September period. Six (6) of the Medicaid recipients filed new petitions to OAH from July to September 2004. Seven (7) recipients withdrew their request for a hearing, and 19 hearings are still pending. One (1) OAH decision overturned the AP/LME decision in favor of the consumer/recipient, and one (1) OAH decision upheld the decision of the AP/LME.

Table 26 - Office of Administrative Hearing in Process (July to September 2004)

Appeals Filed	Total	% of Total
MH/DD/SAS (Regular Medicaid) Appeals	21	62%
CAP-MR/DD Appeals	13	38%
Total	34	100%

Figure 21- Office of Administrative Hearing in Process (July to September 2004)

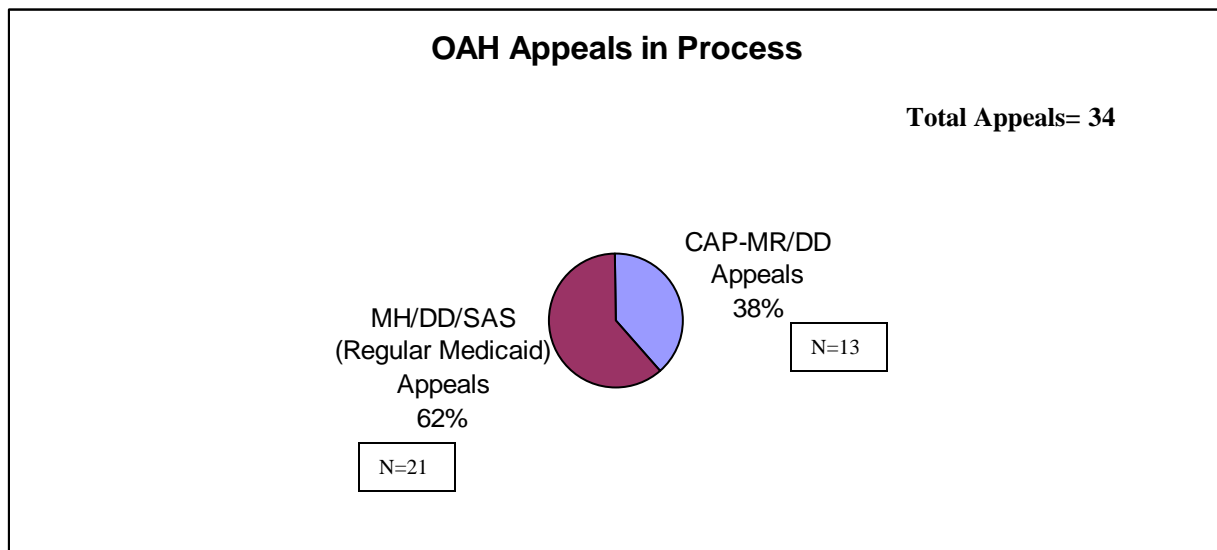
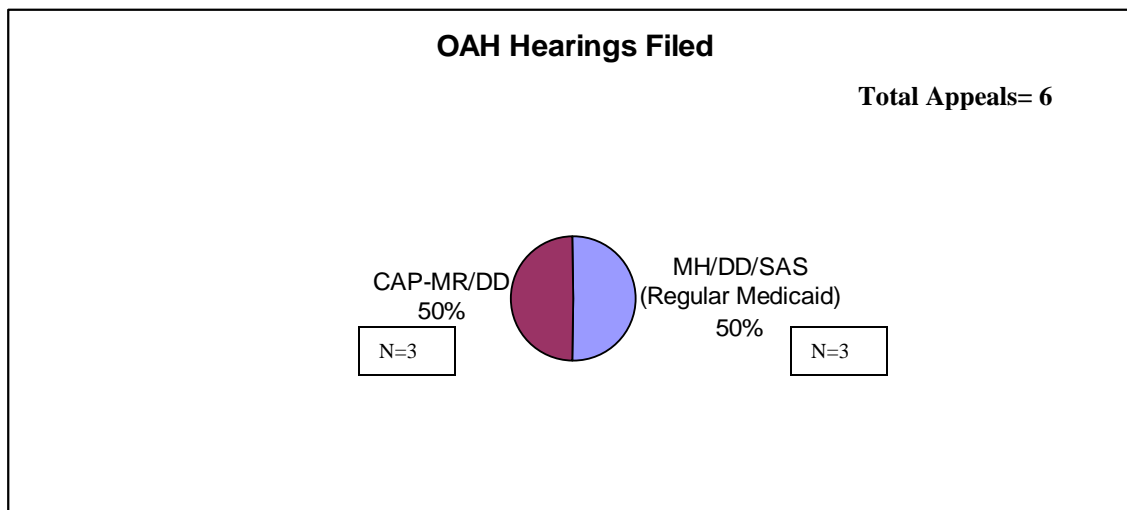


Table 26 and Figure 21 refer to both recipients of the CAP-MR/DD waiver and MH/DD/SAS Medicaid recipients who are not included in the waiver. Thirteen of the 34 appeals (38%) involved CAP-MR/DD recipients and 21 appeals (62%) involved MH/DD/SAS Medicaid recipients who are not recipients of the CAP-MR/DD waiver.

Table 27- Office of Administrative Hearings Filed (July to September 2004)

OAH Cases Filed and Completed	Total Filed	% of Total
MH/DD/SAS (Regular Medicaid)	3	50%
CAP-MR/DD	3	50%
Total	6	100%

Figure 22 - Office of Administrative Hearings Filed (July to September 2004)

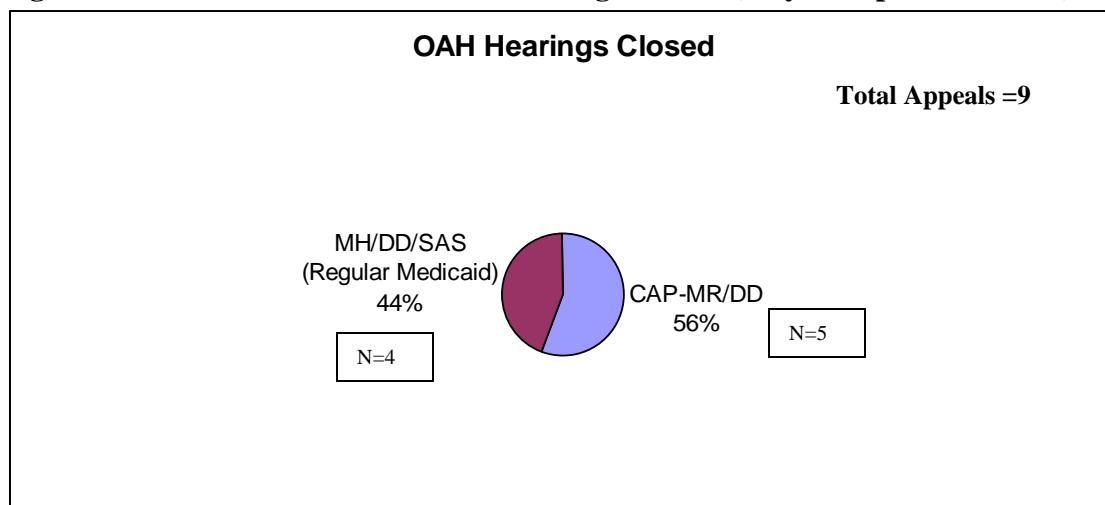


OAH Petitions: A total of six (6) out of the 34 OAH petitions were filed from July to September 2004. A total of three (3) CAP-MR/DD appeals (50%) were filed during this time period, and a total of three (3) MH/DD/SAS appeals (50%) were filed.

Table 28- Office of Administrative Hearings Completed (July to September 2004)

OAH Cases Completed	Total Completed	% of Total
CAP-MR/DD	5	36%
MH/DD/SAS (Regular Medicaid)	4	64%
Total	9	100%

Figure 23 - Office of Administrative Hearings Closed (July to September 2004)



OAH Petitions: A total of nine (9) out of the 34 OAH petitions were closed from July to September 2004. A total of five (5) CAP-MR/DD appeals (56%) were closed during this time period and a total of four (4) MH/DD/SAS appeals (44%) were closed during this time period.

CUSTOMER SERVICE AND CONSUMER RIGHTS TEAM CURRENT DEVELOPMENTS

- 1) The volume and patterns of total new cases filed to the DMH/DD/SAS Customer Service and Community Rights Team and the responses to cases will continue to be monitored for trends. Cases involving immediate action are addressed quickly through DMH/DD/SAS and/or APs/LMEs. Other investigation agencies are included when appropriate.
- 2) A Customer Service Form has been developed through joint collaboration with representatives from the Customer Service and Consumer Rights offices of the APs/LMEs and the NC Council of Community Programs. Local Customer Service and Consumer Rights offices will begin collecting data from the calls, e-mails, and letters received by their office, and may use this form in order to analyze and report information similar to data discussed in this report. The form is one aspect of a broad approach to ensure rights protections and complaint analyses throughout the public system.
- 3) A listing of contact persons for each AP/LME has been developed and will be posted on the DMH/DD/SAS website. The name, phone number and e-mail address for each contact person will be listed. This information should be useful to consumers, families and other community stakeholders needing to communicate with staff from the local Customer Service and Consumer Rights offices. The website is <http://www.dhhs.state.nc.us/mhddsas/consumeradvocacy/rights-community.htm>.
- 4) In the near future, the DMH/DD/SAS will be working with APs/LME in providing technical assistance with Customer Service offices and Client Rights Committees through visits and consultations.
- 5) The Draft Policy for Consumer Complaints to Area/County Programs has been distributed as Communication Bulletin #30. The results of the public comments will be reviewed and considered in the final draft.